

**Recipient Committee
Campaign Statement
Cover Page**
(Government Code Sections 84200-84216.5)

COVER PAGE

**CALIFORNIA 460
FORM**

Date Stamp

Statement covers period
from 07/01/2022

Date of election if applicable:
(Month, Day, Year)
11/05/2024

through 12/31/2022

For Official Use Only
31 JAN 2023 PM 2:32
FPPC FORM 460
STATE OF CALIFORNIA
ELECTION OFFICE

SEE INSTRUCTIONS ON REVERSE
OF THIS FORM

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
- Primarily Formed Ballot Measure Committee
- State Candidate Election Committee
- Recall
- (Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Candidate/
Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
(Also file a Form 410 Termination)
- Amendment (Explain below)

3. Committee Information

I.D. NUMBER
1390966

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Mike Cordero For Council 2024

STREET ADDRESS (NO P.O. BOX)
2151 S College Dr Ste 101

CITY
Santa Maria

STATE
CA

ZIP CODE
93455

AREA CODE/PHONE
(805) 922-4881

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
arybee@aol.com

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1-13-2023 Date

Executed on 1-31-2023 Date

Executed on Date

Executed on Date

By Trent Benedict
Signature of Treasurer or Assistant Treasurer

By Mike Cordero
Signature of Controlling Officeholder, Candidate, State Measure Proposer or Responsible Officer of Sponsor

By
Signature of Controlling Officeholder, Candidate, State Measure Proposer

By
Signature of Controlling Officeholder, Candidate, State Measure Proposer

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COVER PAGE - PART 2

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Mike Cordero

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

City Council Member

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
1324 Ruby Ct.	Santa Maria	CA	93454

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME

NAME OF TREASURER	CONTROLLED COMMITTEE?
	<input type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)	STATE	ZIP CODE	AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER

NAME OF TREASURER	CONTROLLED COMMITTEE?
	<input type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)	STATE	ZIP CODE	AREA CODE/PHONE

CITY	

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION
	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOVENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD
	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD
	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD
	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mike Cordero for Council 2024

CALIFORNIA FORM	
460	
Statement covers period	
from <u>07/01/2022</u>	through <u>12/31/2022</u>
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1390966	

SEE INSTRUCTIONS ON REVERSE

I.D. NUMBER

1390966

Contributions Received		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions	Schedule A, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>	1/1 through 6/30 7/1 to Date
2. Loans Received	Schedule B, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>	
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ <u>0.00</u>	\$ <u>0.00</u>	20. Contributions Received
4. Nonmonetary Contributions	Schedule C, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>	21. Expenditures Made
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$ <u>347.80</u>	\$ <u>810.70</u>	Expenditure Limit Summary for State Candidates
7. Loans Made	Schedule H, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>	
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ <u>347.80</u>	\$ <u>810.70</u>	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>	Total to Date
10. Nonmonetary Adjustment	Schedule C, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>	Date of Election (mm/dd/yy)
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ <u>347.80</u>	\$ <u>810.70</u>	\$ <u>0.00</u>

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ <u>3,435.78</u>	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts	Column A, Line 3 above	\$ <u>0.00</u>	
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$ <u>0.00</u>	
15. Cash Payments	Column A, Line 8 above	\$ <u>347.80</u>	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>3,087.98</u>	
17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ <u>0.00</u>	
18. Cash Equivalents	See Instructions on reverse	\$ <u>0.00</u>	
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ <u>0.00</u>	

Cash Equivalents and Outstanding Debts

FPPC Form 460 (Jan'2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Schedule D **Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE

Mike Cordero for council 2024

Schedule D Summary

- | | | |
|---|-------------------------|------------------|
| 1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) | \$\$ | \$ 200.00 |
| 2. Unitemized contributions and independent expenditures made this period of under \$100 | \$\$ | \$ 0.00 |
| 3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) | \$\$ | \$ 200.00 |

**Schedule E
Payments Made**

Amounts may be rounded to whole dollars.

Schedule E		SEE INSTRUCTIONS ON REVERSE
Payments Made		NAME OF FILER
Amounts may be rounded to whole dollars.		Mike Cordero for Council 2024
Statement covers period from <u>07/01/2022</u> through <u>12/31/2022</u>		CALIFORNIA FORM 460 Page <u>5</u> of <u>5</u> I.D. NUMBER <u>139056</u>

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.
CNS	campaign consultants
CTB	contribution (explain nonmonetary)*
CVC	civic donations
FIL	candidate filing/ballot fees
FND	fundraising events
IND	independent expenditure supporting/opposing others (explain)*
LEG	legal defense
LIT	campaign literature and mailings
MBR	member communications
MTG	meetings and appearances
OFC	office expenses
FET	petition circulating
PHO	phone banks
POL	polling and survey research
POS	postage, delivery and messenger services
PRO	professional services (legal, accounting)
FRT	print ads
RAD	radio airtime and production costs
RFD	returned contributions
SAL	campaign workers' salaries
TEL	t.v. or cable airtime and production costs
TRC	candidate travel, lodging, and meals
TRS	staff/house travel, lodging, and meals
VOT	voter registration
WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

Benedetti & Associates, CPA INC.
2151 S College Dr Ste 101
Santa Maria, CA 93455

Stoker for Assembly 2022 (ID# 1446083)
2151 S College Dr Ste 101
Santa Maria, CA 93455

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID NUMBER)	CODE OR PRO	DESCRIPTION OF PAYMENT	AMOUNT PAID 73.80
Benedetti & Associates, CPA INC. 2151 S College Dr Ste 101 Santa Maria, CA 93455			
Stoker for Assembly 2022 (ID# 1446083) 2151 S College Dr Ste 101 Santa Maria, CA 93455	CTB		200.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E Summary